



AUXILIARY SCHOLARSHIP APPLICATION

Please complete the information, in the order listed, and typed in your own format

- 1) **NAME, ADDRESS and TELEPHONE NUMBER**
- 2) **NAMES OF PARENTS OR GUARDIANS**
- 3) **BIRTHDATE**
- 4) **HIGH SCHOOL (Name, Address, Telephone Number, Counselor Name)**
- 5) **CLASS RANK**
- 6) **GRADE POINT AVERAGE (3 ½ yr. average OR 7 Semesters)**
- 7) **COLLEGE CREDIT CLASSES**
- 8) **HIGH SCHOOL ACTIVITIES AND OFFICES HELD**
- 9) **AWARDS AND HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL**
- 10) **COMMUNITY INVOLVEMENT AND OFFICES HELD**
- 11) **OTHER HOBBIES AND INTERESTS**
- 12) **WORK EXPERIENCE**
- 13) **NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU PLAN ON ATTENDING**
- 14) **CAREER YOU PLAN TO ENTER**

Please give serious planning and thought when answering the following question in an essay format. Make sure to include specific examples and details to support your thoughts.

15) ***WHY ARE YOU PLANNING A CAREER IN THE AREA OF HEALTH OR MEDICINE and WHAT IMPACT DO YOU SEE YOURSELF MAKING IN THE AREA YOU HAVE SELECTED?***

16) ***YOUR SIGNATURE and DATE***

Please send the completed application, a recommendation letter from your School Counselor, a letter of recommendation from someone who knows you well (teacher, coach, neighbor, or boss), and an official transcript, with coursework planned for the entire senior year, postmarked by February 15, 2020 to:

Auxiliary Scholarship Chairperson
Noyes Health
111 Clara Barton Street
Dansville, NY 14437-95